MIT Network Meeting
Thursday 11 December 2003
Convenor: David Sandic

Notes

Update on Medical Director 3

Tony Robertson – General Manager Product Development - HCN

- HCN are currently beta testing MD3. Currently 25-30 practices are testing the software but HCN hope to also involve IMIT officers from the division of general practice.
- HCN are aiming to release MD3 in February 2004 but this will depend on the results of the beta testing.
- HCN will not be doing a mass mailout of MD3 like they do with MD2 updates, but will first assess a practices IT infrastructure to see if it can support MD3.
- There will be no need to retrain GPs for Medical Director 3, as the user interface will remain the same.
- The migration of data from MD2 to MD3 may create problems, with large amounts of data, (some gathered over 10 years) needing conversion to MD3. There is a wizard within MD3 that can automate the conversion, yet still allow high end users to customise the conversion process.
- A question was raised about the medico-legal implications associated with the conversion of live patient data from MD2 to MD3, and whether the conversion will be non destructive
  - Tony responded with MD2 and MD3 can co-exist, with the option of running both versions in parallel during the transition period. This will allow practices to revert back to MD2 if they have problems with the MD3installation. This will be a key feature of the MD3 implementation.

- HCN are currently considering setting up technical support specifically for the migration of data from MD2 to MD3.
- The document user interface on MD 3 will not appear any different to those of MD2 but it will have increased functionality and there will be more document types available.
- HCN are currently working on enhancing the letter writer in MD3.
  - In MD3 letter writer will be able to handle objects like graphics and tables.
  - Letter writer will not link to Word because of the different versions on the market. At this stage HCN will continue to use their own letter writer program.
- It was suggested during todays discussion that HL7 documents should be able to go into the document area in MD, at the moment it goes into the results and letter areas. Tony has agreed to consider the suggestion of having the option of choosing where to store HL7 documents as they are received.
- The question was put to Tony whether HL7 message is going to be accepted into MD3 and then converted to XML (readable form)?
  - Tony explained to the group that this functionality was not going to be available in the beginning because there are currently a number of different HL7 formats and therefore hard to interpret.
- After MD3 is released MD2 will still be supported for a further 18months – 2 years.
- The cost of subscription for MD3 will be the same as that for MD2; it will still be $485per GP.
  - There will be a cost for purchasing of SQL server , if the GP has a large practice
  - Although all practices will have to upgrade to Windows 2000 or higher to run MD3.

- HCN will not charge for support in migrating data from MD2-MD3, they are considering this as part of the subscription.

- PracSoft 3 is still undergoing beta testing
- MD2 will be able to link to PracSoft versions 1, 2 and 3.
- Some difficulties have been noted with the installation of PracSoft 3 on Windows 98.

For further information please refer to the following:
http://www.gpdv.com.au/it/2003/NetworkMeetingDec/Presentations/TonyRobertson.ppt
http://www.redmap.com.au

Action :

➢ David to ensure that HCN has Victorian divisions of general practice IMIT Officer contacts to send the new MD3 version to before releasing it to GPs.

Sponsors Presentation – Merck Sharp & Dohme

David Wong, Merck Sharp & Dohme (Australia)

David Wong gave a presentation describing the changes to Merck Sharp & Dohme GP engagement policy, with fewer representative visits to GPs and a focus on supporting GPs especially in the area of Information Management.

Action:

➢ David Sandic to send to the group David Wong's contact details.

Update on Access to Broadband Technology Taskforce - DoHA

Robyn Foster, Executive Director, Maria Sollazzo, Michelle Trainor

- Kalgoorlie in WA has been selected to be a reference site commencing February 2004.
  - Eastern Goldfields Medical Division of General Practice will be involved in the trial (Mrs Vivienne Duggin, CEO)
- Divisions asked how they get involved in a becoming a reference site:
  - A letter will be sent out January 2004
  - Divisions will be asked to respond
- Divisions need to contact Michelle Trainor with a case as to why they need access to broadband.
- The government will be subsidising payments for rural and remote practices and health related organisations to access broadband technologies, so they will in effect be paying the same amount of as metro gps and health services.
  - This includes the setup fees and the monthly fees.

For further information please refer to the PowerPoint presentation:
http://www.gpdv.com.au/it/2003/NetworkMeetingDec/Presentations/DoHA.ppt

Action:

- David Sandic to send to the IMIT group a list of the RAMA classifications (what constitutes rural and remote).

Changes to HeSA individual and location certificates

Karin McQueen, Business Development Manager, HIC

DHS Update

Jenk Akyalcin, Senior Project Manager, IM/ICT Support Primary and Community Health Branch, Department of Human Services

Background information:
Update on the progress of small grants projects associated with the Victorian Statewide referral form in Medical Director and other GP software. This form otherwise known as the service coordination tool template (SCTT) that will be replacing a multitude of referral forms being directed to state funded health service providers and should streamline referral processes for GPs. The projects examine aspects of the implementation of the SCTT which range from training of GPs in its use, through to implementation of the tool for referrals, both paper and e-based.

- The SCTT will be launched statewide around the 4 or 5 March 2004.
- The XML standard for the messaging tool, will be going out to relevant software companies in the next 3 – 4 months to be used as the standard referral tool.
- Another round of small grant projects is coming up, for approximately $10,000 per project.

For more information on the small grant projects, the below information was sent to the IT mailing list 15 December 2003:
==========
Advance Notice - 2003-2004 Service Coordination With General Practice Small Grants - February 2004 Following the success of the 2002-2003 Service Coordination with General Practice Small Grants projects, the Primary & Community Health Branch of DHS will make available a limited pool of one off funds in 2003-2004 for some additional small scale projects to further support Service Coordination with General Practice.

PCP(s) in partnership with General Practice Division(s) will be invited to jointly apply for projects of up to $10,000 non-recurrent funding to build on Service Coordination work already underway with General Practice to:
Improve referral and feedback processes between General Practice and other service providers
Increase the number of GPs (and General Practices) implementing the Service Coordination Tool Template - Victorian Statewide Referral Form in medical software, for referral to and feedback from service providers.

Further advice on the application process and timelines (including guidelines and applications forms) will be available in early February 2004.

Current 2002-2003 small grant projects will be showcased in a workshop for PCPs and Divisions on Wednesday 18 February 2004. The findings of these projects may assist applicants to develop project proposals for this funding round.

Contacts for further information:

Sonya Tremellen
General Practice Divisions Victoria
Telephone: 9341 5205
mailto:s.tremellen@gpdv.com.au

Judith Perrin|
Department of Human Services|
Telephone: 9616 6934|
mailto: judith.perrin@dhs.vic.gov.au

Northern Alliance Presentation

Graeme Berry, Melbourne Division of General Practice

Noel Stewart, North East Valley Division of General Practice

Next meeting will be a combined IMIT/CEO to be held on:

Date: Wednesday 3 March 2004
Where: Melbourne Events & Banquet Centre.